UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE
Name: Juana B. Matias Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: MA  U.S. House of Representatives District: MA-3  Check if Amendment  FILER  Candidates – Date of Election: September 4, 2018 (Primary):	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to April 16, 2018	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS	
<ul> <li>A. Did you, your spouse, or your dependent child:         <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul> </li> </ul>	g the reporting yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  F. Did you have any reportable agreement or outside entity during the reporting period or treporting period?	reement or arrangement with an period or in the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes V. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No Y
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (	RED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESI	THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ave you excluded Yes No 🗸
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they me exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	e they meet all three tests for Yes No V

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Juana B. Matias

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## SCHEDULE C - EARNED INCOME

Name: Juana B. Matias Page 4 of 8

Commonwealth of Massachusetts INCOME LIMITS and PROHIBITED,INCOME: Be advised that the Income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a flidudary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below: EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
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Ontario County Board of Education Ŷ 7 Ä, 2 Salary, Benefits, and Expense Reimbursement Type Current Year to Filing Annual salary. 79,602 \$20,000 \$0,000 . Amount ۷ \*Annual salary Preceding Year 77,917.96\*

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by sufomobiles, household furniture, or appliances; liabilities of a business in which you own are interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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		*approximate belance \$6,900	,	Student Loans	Montgage on Rental Property, Dover, DE	Type of Liability		ne of reference or many
	,	ž				\$10,001- \$15,000	•	
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	1	_	-		_	\$5,000,001- \$25,000,000	<b>x</b>	
_	-	1,	+	ļ, -	1	\$25,000,001- \$50,000,000		]
_	+-		+-	+-	-	Over \$50,000,000	<u>.</u>	<b> </b>

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new emproyees report posture instant and current calendar year.
Position	Name of Organization
None	
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Name:	
Juana B. Matias	
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Page 6 of 8	
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continuation of employer.	ate, parties to, and general terms of any agree or defernal of payments by a former or current	ment or amangement that you remployer other than the U.S. go	Identity the date, parties to, and general terms of any agreement or anangement that you have with respect to: future employment; a leave of atsence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	157
Date	Parties to Agisement	ment	Terms of Agreement	
	None			
				Se o
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SCHEDUL	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	(CESS OF \$5,000 P/	AID BY ONE SOURCE	r 중代투 (V
Report sources customers of a government ar	s of compensation received by you or your buarry corporation, firm, partnership, or other bund any information considered confidential as	siness affiliation for services pr siness enterprise if you directly a result of a privileged relations!	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.	71,0
	Source (Name and City/State)		Brief Description of Duties	
Example:	Doe Jones & Smith, Hometown, Homestate	tate	Accounting Services	
None				
	1 - 14	Same Same		
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シートラン (Table 1977)

Name: Juana B. Matias

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FILER NOTES		<sub>Name:</sub> Juana B. Matias	Page 8
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